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## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

IS THIS AN AMENDMENT? Yes

assistance in completing this form, see instructions on the reverse side.

No

(CFA-4)
Summary Sheet

FILE NUMBER

442340

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| COMMITTEE INFORMATION                                                                                              |                                      |                                              |                          |  |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------|--------------------------|--|
| 1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name                           |                                      |                                              |                          |  |
| Marion County Green Party                                                                                          |                                      |                                              |                          |  |
| 2. Acronym or Abbreviated Name (if any)                                                                            | 3. Committee Telephone Number        |                                              |                          |  |
| 4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address |                                      |                                              |                          |  |
| P.O. Box 441105                                                                                                    |                                      |                                              |                          |  |
| 5. City, State, ZIP Code                                                                                           | 6. Party Affiliation (if applicable) |                                              |                          |  |
| Indianapolis IN 46244                                                                                              | GPUS, Indiana Green Party            |                                              |                          |  |
| CANDIDATE INFORMATION (For Candidate's Committees Only)                                                            |                                      |                                              |                          |  |
| /. Full Name of Candidate (include any pickname)                                                                   |                                      | arty Affiliation or If Independent Candidate |                          |  |
| and any minution of it independent Candidate                                                                       |                                      |                                              |                          |  |
| O. Office Sought (Include district number, if any. Not required for exploratory committee.)                        |                                      | ounty of Residence                           |                          |  |
| 10. Co                                                                                                             |                                      | unity of Residence                           |                          |  |
| TYPE OF REPORT                                                                                                     |                                      |                                              |                          |  |
| 11. Check one:                                                                                                     |                                      |                                              | N CANDIDATES ONLY        |  |
| Pre-Primary Pre-Election Annual Nomination Other                                                                   |                                      | Check one:                                   |                          |  |
| Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of   | of Organization)                     | Pre-Conv                                     |                          |  |
| 12. Reporting Period:                                                                                              |                                      |                                              |                          |  |
| From: $1-1-09$ Through: $12-31-09$                                                                                 |                                      | OLUMN A<br>his Period                        | COLUMN B<br>Year to Date |  |
| 13. Cash on hand and investments at the beginning of this reporting period.                                        |                                      |                                              | real to Date             |  |
| 14. Cash on hand and investments January 1, current year.                                                          |                                      | 15,99                                        |                          |  |
| CONTRIBUTIONS AND RECEIPTS                                                                                         |                                      |                                              |                          |  |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)                      |                                      |                                              |                          |  |
| 15a. Itemized (use Schedule A)                                                                                     |                                      | D                                            |                          |  |
| 15b. Unitemized                                                                                                    | <del></del>                          | <u> </u>                                     |                          |  |
| 15c. Add Thes 15a and 15b in both columns SUBT                                                                     | OTAL                                 | 77.16                                        |                          |  |
| *F Artificias 13 and 150 in Column A and End. 44 and 45 in Column                                                  |                                      | 3.10                                         | 160 10                   |  |
| EXPENDITURES                                                                                                       | OTAL   Iq                            | 3.10                                         | 193,10                   |  |
| Tate: These amounts include in-kind expenditures and loan repayments.)                                             |                                      |                                              |                          |  |
| ^^a. 'temized (use Schedule B) (Public Question: use Schedule C)                                                   |                                      |                                              |                          |  |
| fit. Interized                                                                                                     |                                      | <del></del>                                  |                          |  |
| 17c Pate Tes 17a and 17b in both columns SUB                                                                       | TOTAL                                | <u></u>                                      | <del></del>              |  |
| 12 Case of this reporting period (subtract 17c from 16 in both columns)                                            | TOTAL                                | 93,10                                        | 193.10                   |  |
| 19. Dears DIVED BY the committee (use Schedule D)                                                                  |                                      | 2                                            | 19310                    |  |
| 20. Detris 0.0 ED TO the committee (use Schedule E)                                                                |                                      | $\mathcal{O}$                                |                          |  |
|                                                                                                                    |                                      | <u></u>                                      |                          |  |
| CERTIFICATION                                                                                                      |                                      | FO:                                          | R OFFICE USE ONLY        |  |
| CERTED TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE                                                            | RUEL CORRECT AND                     | ODMFLETE.                                    | 1                        |  |

Treasurer

WARNING: Any information of Table 1 and Table 1 and be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report of Table 1 and 1

Date

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